



## APPLICATION FOR A RESTRICTED FEEDLOT PERMIT

Washington State Department of Agriculture  
Food Safety & Animal Health Division  
Office of the State Veterinarian  
PO Box 42577  
Olympia WA 98504-2577  
(360) 902-1878

APPLICANT INFORMATION	
NAME OF OWNER	TELEPHONE NUMBER (   )
FIRM NAME	
MAILING ADDRESS	PHYSICAL LOCATION OF FEEDLOT
MAILING CITY, STATE, ZIP	PHYSICAL LOCATION CITY, STATE, ZIP
NAME OF MANAGER	TELEPHONE NUMBER (   )
FEEDLOT INFORMATION	
RESTRICTED FEEDLOT BRAND	LOCATION WHERE BRAND USED
DESCRIPTION OF LIVESTOCK OPERATIONS OTHER THAN THE FEEDING OF CATTLE	
DRAWING OF PROPOSED FEEDLOT LAYOUT—ATTACH SEPARATE SHEET IF DESIRED (NEW APPLICANTS ONLY)	
APPLICANT CERTIFICATION	
I have read and understand WAC 16-30—Restricted Feedlots. I understand that <b>all permits expire June 30<sup>th</sup></b> of each year.	
SIGNATURE OF APPLICANT	DATE SIGNED

Mail this application to: **Washington State Department of Agriculture  
State Veterinarian  
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